



## Transportation Improvement Board - Public Records Officer

# Public Records Request

PO Box 40901  
Olympia, WA 98504-0901  
(360) 586-1140

File Number

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of Record (if known): \_\_\_\_\_

Date of Record (if known): \_\_\_\_\_

Location of Record (if known): \_\_\_\_\_

Please Describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.

I understand that there is a charge of \$0.15 per page for copies of documents. TIB's Public Records Disclosure Policy is available for review on our web site at <http://www.tib.wa.gov/Contact/privacy.htm>

☐ I wish to have copies/duplicates of the records indicated above

☐ I wish to make an appointment to review the records indicated above before copies are made.

I realize that requesting records and not paying for the associated costs will mean that I must pay for them before the next request will be released.

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes.

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to RCW 42.17.320, this form acknowledges that your request has been received. The TIB estimates that it will provide further response within five days as a determination regarding disclosure, denial, or if an exemption can be established. The TIB does reserve the right to extend this time frame if necessary.

Received by: \_\_\_\_\_ Dated: \_\_\_\_\_